PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I

Application or Docket Number

99829152

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS 3		,				ſ	RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR		710.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		· Q			X\$ 9=	0	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		· 0			X40=	9	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+135=	9	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL	i i
	ويترم والمدار المستريد والمراود والمراود	(COIDMIN 1)		HIGH		(Column 3)	ìr	OMALL) 	OIIIAEE I	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	* NTATION OF MU	Minus JLTIPLE DEF	*** PENDENT	CLAIM	=		X40=		OR	X80=	
								+135=		OR	+270=	
			•				^	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	^	DUII. FEE E	•	٠,٠		
<u>~</u>	Sepple sept for a sign	CLAIMS		HIGH	EST			1	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X40=		OR	X80=	
L., .					02,			+135=		OR	+270=	
						·	_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	F CL AIM			X40=	_	OR	X80=	
	I INST PRESE	INTATION OF INC	JEHFLE DER	CINDEIN	CLAIIVI		! <u> </u>	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OB I	TOTAL	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											